

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION</b> <i>Application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>  <b>3. DATE RECEIVED BY STATE</b>  <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Applicant Identifier  State Application Identifier  Federal Identifier	
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<b>5. APPLICANT INFORMATION</b>					
Legal Name			Organizational Unit		
Address (give city, county, state, and zip code)			Name and telephone number of the person to be contacted on matters involving this application (give area code)		

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; margin: 5px;"></div> - <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; margin: 5px;"></div>	<b>7. TYPE OF APPLICANT</b> (enter appropriate letter in box) <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District         </div> <div style="width: 45%;">           H. Independent School Dist. I. State Controlled Institution of higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify _____)         </div> </div>
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<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> <p style="font-size: small;">If Revision, enter appropriate letter(s) in box(es):</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> A. Increase Award D. Decrease Duration         </div> <div style="text-align: center;"> <input type="checkbox"/> B. Decrease Award Other (specify): _____         </div> <div style="text-align: center;"> <input type="checkbox"/> C. Increase Duration         </div> </div>	<b>9. NAME OF FEDERAL AGENCY:</b>  
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<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>  TITLE: <span style="color: blue;">Marine Fisheries Initiative (MARFIN)</span> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; margin: 5px;"></div>	<b>11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:</b>  
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<b>12. AREAS AFFECTED BY PROJECT</b> (CITIES, COUNTIES, STATES, ETC.):  		
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<b>13. PROPOSED PROJECT:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Start Date</div> <div style="width: 45%;">Ending Date</div> </div>		<b>14. CONGRESSIONAL DISTRICTS OF:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">a. Applicant</div> <div style="width: 45%;">b. Project</div> </div>	
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<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">a. Federal</td> <td style="width: 30%;">\$</td> <td style="width: 40%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> </table>	a. Federal	\$	.00	b. Applicant	\$	.00	c. State	\$	.00	d. Local	\$	.00	e. Other	\$	.00	f. Program Income	\$	.00	g. TOTAL	\$	.00	<b>16. IS APPLICANT SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	.00																				
b. Applicant	\$	.00																				
c. State	\$	.00																				
d. Local	\$	.00																				
e. Other	\$	.00																				
f. Program Income	\$	.00																				
g. TOTAL	\$	.00																				

<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>  <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes if "yes" attach an explanation.           <input type="checkbox"/> No         </div>	
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<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		
a. Typed Name of Authorized Representative	b. Title	c. Telephone number
d. Signature of Authorized Representative		e. Date Signed